



www.sbcounty.gov/dehs

County of San Bernardino • Department of Public Health
DIVISION OF ENVIRONMENTAL HEALTH SERVICES
Water • Wastewater • Land Use
(909) 387-4666

NOTICE OF INTENT TO PERFORM PERCOLATION TESTING

FAX TO (909) 387-4323 or
EMAIL TO: areed@dph.sbcounty.gov
AT LEAST TWO WORKING DAYS BEFORE TESTING

Firm _____

Address _____

Contact _____

Phone _____

FAX _____ E-Mail: _____

APN(s) _____

Site Location _____ Closest Town or City: _____

Date(s) of Boring _____

Date(s) of Presoak _____

Date(s) of Testing _____

☐ Single Family Residential Lot Size _____

☐ Multi Family Residential Number of Units _____
Lot Size _____

☐ Tentative Tract / Parcel Map TT / TPM # **TT:** _____ **TPM:** _____
Original Lot Size _____
Average New Lot Size _____
Number of New Lots _____
Zoned As _____

☐ Commercial / Industrial Intended Use _____
Special Wastes _____
Estimated Flow _____
Est. Fixture Unit _____
Count _____
Lot Size _____